



To: **Parents**
From: **School Health Clinic**
Date: **7/21/15**
Subject: **Asthma**

You have told us that your child has asthma.

Please fill out the attached **Asthma Action Plan** and **School Asthma Record** and return them. I will share the information with the appropriate personnel such as your child's classroom teacher(s) and physical education teacher. This information will help them work with your child to minimize unnecessary restrictions, feelings of being treated differently, and possible absenteeism. Additionally, if you desire to have asthma medications on hand at school please have your physician complete a **Physician and Parent Request for the Administration of Medications by School Personnel** for each medication and return the forms to the school by August 19, 2015.

To help your child, please let us know of changes in your child's asthma or medication schedule throughout the school year.

Thank you for your assistance. Please contact me at the school with any questions or concerns.

Trasie Schaffner, RN
VCA School Nurse
330-562-8191 x342

Please note enclosed forms are for 2015/2016 School Year.